



Residential Occupancy Survey

Displacee Information

Project Title:		Parcel No.:
Name of Displacee(s):		Displacee No.:
Date of Occupancy:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Cell Phone:
Site Address:	Mailing Address:	Work Phone:
		Home Phone:
		Email Address:

Residential Information

Total Sq Ft:	No. Bedrooms:	No. Bathrooms:	Total No. Rooms:	Lot Size:	Year Built:
Subject DS&S:	Garage Stalls:	Other major site improvements:			
Building Type: <input type="checkbox"/> Single Story <input type="checkbox"/> 1.5 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> Split Level <input type="checkbox"/> Basement <input type="checkbox"/> Other _____					
Replacement Preference: <input type="checkbox"/> Purchase <input type="checkbox"/> Rent		<input type="checkbox"/> Own Transportation <input type="checkbox"/> Need Transportation <input type="checkbox"/> Need Public Transportation			
Adults:	M	F	Ethnic Identification Category: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other <small>This information is required by Title VI</small>	Utilities: Heat <input type="checkbox"/> NatGas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane Water <input type="checkbox"/> Well <input type="checkbox"/> City Water <input type="checkbox"/> Septic <input type="checkbox"/> Sewer	Dwelling Type: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condominium <input type="checkbox"/> Recreational Vehicle
Children:	FT	PT	M	F	
Move Type: <input type="checkbox"/> Schedule Move Payment <input type="checkbox"/> Commercial Move			Number of Rooms _____ <input type="checkbox"/> Actual Cost Move		
Disability Issues/Special Needs/Comments:					



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Financial Information

Head of Household:		Spouse:	
Employer:		Employer:	
Occupation:		Occupation:	
Location:	No. of miles from home:	Location:	No. of miles from home:
Owner:		Tenant:	
Mortgage Balance	\$	Monthly Rent	\$
Interest Rate		Monthly Utilities	Heat \$
Loan Type			Power \$
Remaining Term			Sewer \$
Monthly Payment (P&I)	\$		Water \$
Lender Name		Lot/Ground Rent	\$
Contact Number		Rent Subsidy	\$
Taxes & Insurance	\$	Gross Monthly Income	\$
		Source of Income: <input type="checkbox"/> Wages <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Other _____	
		*Note: Utilities only include heat, light, water & sewer	

Relocation Cost Estimate

RHP: \$	Moving Cost: \$	Date:	Specialist:
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